Role of Laboratories

Laboratories can participate in identifying Positive HBsAg Pregnancies by taking the following action steps:

1. ***Identify Pregnancy Status***
    - Clearly indicate pregnancy status when available on all HBsAg-positive test results reported to health departments and ordering clinicians. These test results include, but are not limited to, the following:
        - Orders originating as obstetric ("OB") panels or prenatal screening panels that include HBsAg testing as a component
        - Individual HBsAg test orders originating from an OB or prenatal panel performed elsewhere (HBsAg outsourced to a reference lab)
        - Orders originating as an individual prenatal HBsAg test
        - Orders for a standalone HBsAg test that is not part of an OB or prenatal panel but where pregnancy status is indicated elsewhere on the order (e.g. as a pregnancy-related ICD-10 diagnosis code; examples can be found in this)

RECOMMENDED METHOD OF IDENTIFICATION: Insert the word "PRENATAL" into reported test results, either next to test name of results sent by paper/fax or in the OBR-13 field of results sent by ELR.

2. ***Client Education***
    - Educate clinicians about laboratory testing options for selecting an OB or prenatal panel when screening pregnant women for HBsAg.
    - Encourage clinicians to identify pregnant women when ordering HBsAg tests as a standalone or part of a non-OB/non-prenatal panel. For example, have clinicians provide ICD-10 diagnosis codes indicating pregnancy and include these codes in positive reports sent to health departments.

3. ***Reporting & Testing***
    - Provide timely reports of all HBsAg-positive test results to appropriate health departments. Labs are also encouraged to provide positive test results of known pregnant women directly to local Perinatal Hepatitis B Prevention Programs as feasible.
    - Perform licensed neutralizing confirmatory testing on all HBsAg tests included in OB and prenatal panels or when the ICD-10 diagnosis code indicates pregnancy.
    - Include verification of confirmed HBsAg-positive results on the final lab report, if assay is performed on a pregnant woman.

For assistance in establishing a method of identifying HBsAg-positive pregnant women or for any additional questions: Please contact dvhwi@cdc.gov.

Louisiana -----Overview: What Laboratories Need to Know

Laboratory-based reporting is the route by which hepatitis B surface antigen-positive (HBsAg-positive) cases are identified. Since 1988, Louisiana has required laboratories to report all HBsAg-positive test results to the ordering physician and within 24 hours to the local health department (LHD) in the parish where the patient resides. Since the implementation of the Louisiana Infectious Disease Surveillance System (IDRISS), laboratories are now able to electronically submit HBsAg-positive test results directly to the state health department.

The goal of the Perinatal Hepatitis B Prevention Program (PHBPP) is to ensure that all HBsAg-positive pregnant women are identified and their lab results are reported in a timely manner. To assist in achieving this goal:

1. Report all HBsAg-positive test results **(including repeat testing, even if the results have been previously reported)** within 24 hours to the State Health Infectious Disease or Perinatal Hepatitis B Program, by the following methods:

A. Faxing a copy of the HBsAg-positive result (Perinatal Hepatitis B Program – fax (504) 568-2660), or

B. Mail – Positive Hepatitis B Perinatal cases may be reported through the mail using the "Perinatal Hepatitis B Surveillance Form". Copy the form as needed. Complete and mail or fax to:

Immunization Program – Perinatal Hepatitis B Program
Louisiana Office of Public Health
PO Box 60630
New Orleans, La 70160
(504) 568-2600 (telephone)
(504) 568-2660 (confidential fax)

C. Phone - Reports positive perinatal cases should be made by phone to the number above, or to your regional Immunization or Infectious Disease Program staff.

D. Electronic – Positive perinatal HBsAG (+) cases can be reported electronically through the Infectious Disease Reporting Information System (**IDRIS**), operated by the Infectious Disease Epidemiology Program. For information on setting up IDRIS reporting at your facility, contact:

Andrew Smith, MPH
Infectious Disease Epidemiology Program
(504) 568-8328
Andrew.Smith@la.gov

E. Required laboratory reporting of positive HBsAg (+) cases can be done electronically or by mail. For information on Perinatal Hepatitis B Laboratory Surveillance and assistance in setting up electronic reporting, contact:

Tania Bechtel
Surveillance Data Manager
1450 Poydras St. Ste 2136
New Orleans, LA 70112
(504) 568-5761
Tania.Bechtel@la.gov

2. Continue to report all HBsAg test results to the ordering physician's office.

All laboratories that provide HBsAg testing of pregnant women should use an FDA-licensed or approved HBsAg test and should perform testing according to the manufacturer's labeling, including testing of initially reactive specimens with a licensed neutralizing confirmatory test (MMWR 12/23/05, 54 (RR16); 1-23).

If you have any questions, please call the PHBPP staff at 504-568-2600.

Louisiana Communicable Disease Rules, LAC 51:II.105, **§113. Laboratory Reporting Requirements [formerly paragraph 2:008],** AUTHORITY NOTE: Promulgated in accordance with the provisions or R.S. 40:4(A)(2) and R.S. 40:5(10). HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Public Health, LR 28:1214 (June 2002), amended LR 32:1052 (June 2006); a clinical laboratory shall report in a timely manner consistent with the requirements of the diseases/conditions Class described in §105 and shall state the name, date of birth, sex, race, usual residence, specimen identification code/ID and test results of the tested individual as well as the name of the physician or person submitting the specimen to the health department, laboratory evidence of any serious infection specified in Public Health Sanitary Code, Part II, Chapter 1, §105.

Health Insurance Portability and Accountability Act (HIPAA): Sharing of public health information (PHI) with public health authorities is addressed in §164.512(b): (1) Permitted disclosures: A covered entity may disclose protected health information for the public health activities and purposes to: (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions.